Combined Declaration for Patent Application and Power of Attorney

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name;

I believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled ____

PROCE	ESS	FOR SWITCHING TELEPHONI	E CONVERSATIONS	
				the specification of
which (check	х	is attached hereto.		
one)		was filed on	as Application Serial No.	
		and (if applicable) was amended on:		

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having filing date before that of the application on which priority is claimed:

Prior For	eign Application(s)		Priority	Claimed
3009901.4 (Number)	EP (Country)	30/04/2003 (Day Worth Year Filed)	X YES	NO NO
(Number)	(Country)	. (Day Month Year Filed)	YES	NO
(Number)	(Country)	(Day Month Year Filed)	YES	NO
(Number)	(Country)	(Day Month Year Filed)	YES	NO
(Number)	(Country)	(Day Month Year Filed)	YES	NO
				
(Number)	(Country)	(Day Month Year Filed)	YES	NO

I hereby claim the benefit under Title 35, United States Code, §120 of any United States Application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulation, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

(Application Serial No.)	(Filing Date)	(Status- patented, pending, abandoned)
(Application Serial No.)	(1 ting Date)	
(Application Serial No.)	(Filing Date)	(Status- patented, pending, abandoned)

KOVISIONAL ATTEICATION NOMBER	below: PROVISIONAL APPLICATION NUMBER		
		FILING I	
POWER OF ATTORNEY: As a named invensubstitution, association, and revocation, to prooffice connected herewith.	tor, I hereby appoint the follo cosecute this application and to Customer Number.: 234	o transact all business in t	ents with full power of ne Patent and Trademark
Address All Correspondence To:		Direct All Telephor	ne Calls To
Address An Correspondence 10.		, , , , , , , , , , , , , , , , , , ,	io cans 10.
Cantor Colburn LLP		Michael A. Cantor	
55 Griffin Road South		Philmore H. Colbur	n II
Bloomfield, CT 06002		(860) 286-2929 Facsimile No. (860)	296 0115
hereby further declare that all statements made information and belief are believed to be true; tatements and the like so made are punishable states Code and that such willful false stateme	and further that these stateme by fine or imprisonment, or ents may jeopardize the validit	nts were made with the kr both, under Section 1001	lowledge that willful fals of Title 18 of the United
Full Name of Sole or First Inventor	Inventor's Signature		Date
Ömer Kaan Varol	2/200		Sept./1/
Residence Birkhahnweg 16, 40468 Düssel	ldorf, Germany	Citizenship	KISH
Post Office Address			
as above			
Full Name of Second Joint Inventor, If Any	Inventor's Signature		Date
Residence		Citizenship	<u>l</u>
Post Office Address			
			1
Full Name of Third Joint Inventor, If Any	Inventor's Signature		Date
B 11	t	Citizenship	-1
Residence		1	
Post Office Address Full Name of Fourth Joint Inventor, If Any	Inventor's Signature	· · · · · · · · · · · · · · · · · · ·	! Date

The state of the s	Date 14
Residence	
Post Office Address	
Full Name of Sixth Jomethyentor, If Any	Date
Residence	
Post Office Address	